

1 Q. And as a deputy coroner, are you involved with
2 the medical field?

3 A. Yes, I am. I'm licensed to practice medicine in
4 the State of Ohio.

5 Q. And will you be kind enough to give us a brief
6 explanation as to your educational background as it
7 relates to your medical profession and as it relates to
8 your job as a Assistant Montgomery County Deputy
9 Coroner?

10 MR. MONTA: Judge, if it will assist
11 the proceeding, we will stipulate the doctor's
12 qualifications.

13 THE COURT: Mr. Slavens.

14 MR. SLAVENS: We will accept that.

15 THE COURT: You may proceed.

16 BY MR. SLAVENS:

17 Q. Doctor, you used the term forensic pathologist.
18 Can you explain to us what that term means or those
19 words mean to you?

20 A. A forensic pathologist is a medical doctor
21 specializing in the field of forensic pathology which
22 deals with the study of persons who die of unnatural
23 causes.

24 Q. As it relates to your functions as a deputy
25 coroner, have you had on occasion to perform autopsies

1 of deceased individuals and to determine their cause of
2 death?

3 A. That's my primary job, yes.

4 Q. And as a result of that, have you had an
5 opportunity on prior occasions to qualify and testify in
6 a court of law determining your autopsy findings?

7 A. Yes, I have.

8 Q. I would like to direct your attention to, I
9 believe, June 23rd, 1992, and ask if on that date you
10 had an occasion to see, if not before that date, the
11 body of that was identified to you, that of Mark
12 McDonald?

13 A. I believe it was on June the 22d that I saw the
14 body of Mark McDonald.

15 Q. And when you first saw the body of Mark McDonald,
16 where did it occur that you saw his body?

17 A. I first saw the body up at the Montgomery County
18 Coroner's Office, which is in the same block as this
19 building.

20 Q. And did you perform an autopsy on his body?

21 A. Yes, I did.

22 Q. And concerning Mr. McDonald's autopsy, have you
23 brought with you, at my request, certain slides or
24 transparencies that might assist you in explaining the
25 injuries you received that you viewed that was inflicted

1 on Mr. McDonald?

2 A. Yes.

3 Q. Generally speaking, Doctor, would you be kind
4 enough to explain to us just briefly what, externally
5 anyway, occurs when you perform an autopsy?

6 A. When a body comes to our office, we will observe
7 and make notes of the condition of the body prior to
8 disturbing it. We will look at the external aspect of
9 the body, the clothing to see if there is any injuries
10 or recoverable evidence. After doing that examination,
11 the body is unclothed and again viewed. Once it is
12 viewed the second time, the body is cleansed with soap
13 and water and then we examine it again specifically
14 looking for injuries, identifying marks, or other
15 evidence which might be recoverable on the body.

16 Q. Now, after the examination, do you then conduct
17 an internal examination?

18 A. Yes, we do.

19 Q. Doctor, do one of your slides indicate, show at
20 least on the slide as to how Mr. McDonald's body was
21 when it was presented to the coroner's office?

22 A. Yes.

23 Q. And, Doctor, may we see State's Exhibit, I think
24 what's previously been marked, 80-A. By the way, I'm
25 sorry, did you, during your external examination, make a

1 determination as to Mr. McDonald's height and weight?

2 A. Yes, I did.

3 Q. Do you recall what that was?

4 A. He was 70 inches in length, approximately 156
5 pounds, and his appearance was appropriate for the age
6 that I was given as 26 years.

7 Q. Now, Doctor, I interrupted you a little bit.
8 Would you please show us what's been marked as State's
9 Exhibit 80-A.

10 Doctor, for the record, will you tell us what is
11 depicted now on the screen?

12 A. This is a photograph of the body as it arrived at
13 our office. The body was removed from a transportation
14 bag and placed on the table. As you can see, the body
15 arrived dressed. The body came from the scene where the
16 body was found.

17 There's a placard in the lower right-hand corner
18 of the photograph with the numbers 1189 and 92. That
19 reflects this was the 11 hundredth and 89th case
20 reported to our office in the year 1992. L.M. are the
21 initials of the photographer who took these photographs
22 under my direction on this day, Laura McBride.

23 Q. And, Doctor, does that exhibit 80 fairly and
24 accurately and correctly represent the scene or at least
25 the photograph or the condition of Mr. McDonald as he

1 was initially presented?

2 A. Yes.

3 Q. And, Doctor, why don't we move on to State's
4 Exhibit 80-B.

5 Now, Doctor, in conducting your examination of
6 Mr. McDonald, did you discover signs of recent gunshot?

7 A. Yes, I did.

8 Q. Now, before we get into that, can you tell us
9 what, for the record, is now depicted on the screen?

10 A. This is a standard photograph taken by our
11 office. The body has been unclothed and cleansed.
12 Again to the right of the head is a placard with the
13 identification numbers on it.

14 One can see in this photograph a dark purple
15 black area on the lower lip, which is gunshot wound,
16 entrance wound through the lip. In addition, on the
17 face around that wound were some small areas or small
18 stipples which indicate -- and stippling are injuries
19 caused by gun powder as it is ejected from the barrel of
20 the gun and it gives an indication of a close range of
21 fire.

22 Q. Based upon your experience, are you able to tell
23 us what range, other than close range?

24 A. I don't have any knowledge about the gun itself.
25 The stippling, I believe I measured in a diameter of

1 about 3 inches in diameter. I think you would have to
2 consult with a firearms examiner who may have looked at
3 the gun who fired it.

4 Q. And did you determine, at least as to the gunshot
5 wound to the lip, as to what path it traveled?

6 A. Certainly.

7 Q. And did you note any internal damage or injuries?

8 A. Yeah. The bullet went through the lip, it struck
9 the lower two middle teeth and fractured them, knocking
10 them out. The bullet proceeded underneath the tongue
11 and through the soft tissues in front of the spine. The
12 bullet then struck the spine in the neck and bounced
13 back into the airway where it was aspirated into the
14 right lung where I recovered it. There was quite a bit
15 of bleeding along the path of the wound. There was
16 blood in the mouth. And the direction that the bullet
17 took with the body in a standard position, upright,
18 facing forward, the bullet went from front to back and
19 slightly downward.

20 Q. Do you know or are you able to determine from
21 your examination what position Mark McDonald's body was
22 in when it received any of the wounds we will be talking
23 about?

24 A. No.

25 Q. Concerning that slide 80-B, sir, does it fairly,

1 accurately, and correctly represent the scene that's
2 depicted on the screen?

3 A. Yes.

4 Q. You made reference to some internal damages. May
5 we see 80-C, please.

6 Doctor, tell us what is now depicted.

7 A. When pulling down the lower lip and up, the
8 pulling up the upper lip, one can see that the two lower
9 middle teeth are missing as well as a part of the gum
10 around that. This is where the bullet struck the teeth
11 knocking them out and causing injury to the tissues
12 around the teeth.

13 One can see a dark area underneath the tongue
14 which is actual defect where the bullet went underneath
15 the tongue on its course through the body.

16 Q. And the portion of the lip, that is an entrance
17 wound?

18 A. Yes, this is a gunshot entrance wound.

19 Q. Does that exhibit 80-C, does it fairly,
20 accurately, and correctly represent what you observed in
21 the autopsy?

22 A. Yes.

23 Q. Doctor, may we see State's Exhibit 80-D, please.

24 Doctor, please tell us what is now depicted.

25 A. This is a photograph of the left side of the body

1 of Mark McDonald where one can see just above and toward
2 the midline of the left nipple another wound hole, which
3 is a gunshot wound to the chest, of the left side of the
4 chest. There's a clear area around this wound in this
5 picture which is where I shaved away hair from that area
6 in order to see the wound a little bit better.

7 Q. And are you able to determine whether or not that
8 is a wound entrance or wound exit?

9 A. It's very typical gunshot entrance wound.

10 Q. And while we are on that one, may we state --
11 Doctor, can you turn to State's Exhibit 80-E, please.

12 When you indicated a typical entrance wound, I
13 want you to describe for us what is now depicted on
14 80-E.

15 A. This is a close-up view of that gunshot entrance
16 wound on the left side of the chest. As reference, one
17 can see the left nipple. And the head of the person
18 will be off the screen toward the ceiling. The gunshot
19 entrance wound is very round. The hole is very round.
20 And around the edges is a very uniform margin of
21 abrasion or scraping where the bullet pushes through the
22 skin scraping along the skin as it enters very
23 symmetric, very uniform, very typical of a gun, gunshot
24 entrance wound.

25 Q. Around that wound did you observe what you

1 indicated earlier as being stippling as to that injury?

2 A. I observed no stippling or soot around that
3 wound.

4 Q. Does that exhibit 80-E and the previous exhibit
5 80-D each fairly, accurately, and correctly represent
6 what you observed as to those items during the autopsy?

7 A. Yes, I did. Yes, they do.

8 Q. With reference to that particular wound, did
9 you -- that's now depicted on the screen as part of
10 80-E, are you able to recover a bullet from that wound?

11 A. Yes. Subsequently examining the wound, this
12 bullet went straight back into the body through the left
13 upper lung lobe, through the heart and through the left
14 lower lung lobe, it went through the rib cage and was
15 recovered underneath the skin on the left side of the
16 back. The direction of the travel of this bullet in
17 relationship to a person standing straight up would have
18 been essentially from straight front to back.

19 Q. And did that bullet, I think you indicated it
20 passed through what part of the heart, please?

21 A. Well, it passed through the left, it passed the
22 left ventricle, which is the main pumping chamber of the
23 heart.

24 Q. Did you note any injuries to either of the hands
25 of Mr. McDonald?

1 A. There was an additional gunshot wound of the
2 right hand.

3 Q. May we see State's Exhibit 80-F.

4 Now, Doctor, can you explain to us what is now
5 depicted in 80-F?

6 A. This is a photograph of the right hand,
7 particularly the area between the ring and little
8 fingers. Right between those two fingers in the web of
9 tissue is a small hole which is another gunshot entrance
10 wound. One can see an area of red going along the inner
11 aspect of this ring finger which is where the bullet
12 grazed along that area before it entered in this web of
13 tissue.

14 Q. Are you able to determine from your experience as
15 to whether or not the scraping from, I guess from the
16 knuckle down into the webbing, if that follows the
17 course or the path of the bullet as it enters or is it
18 an exit wound?

19 A. This is an entrance wound because of the
20 characteristics of the wound. If one looks at the
21 margins of this scraping along the inner aspect of the
22 finger, one sees these little tooth-like projections of
23 skin. And these tooth-like projections of skin are
24 pointing more toward the tip of the finger. And it's
25 characteristic of wounds, including gunshot wounds, that

1 when a bullet scrapes along skin in that fashion, that
2 the skin tears in such a way to leave these projections
3 in this orientation. So, yes, this is without question
4 a gunshot entrance wound.

5 Q. As to the right hand of Mark McDonald, did you,
6 and that specific entrance wound, did you determine
7 corresponding exit wound?

8 A. Yes, there was a exit wound on the palm of the
9 hand.

10 Q. Can we see State's Exhibit 80-G, please.
11 For the record, what is now depicted on the
12 screen?

13 A. This is the palm of the right hand of the body
14 showing there is an exit wound here and then an injury,
15 kind of a furrowed area as the bullet scrapes along the
16 palm of the hand. This is the corresponding exit wound
17 to the entrance wound that I showed in the previous
18 slide. The bullet passed through soft tissues between
19 these two wounds and caused some bleeding but I wasn't
20 able to detect any major nerve or blood vessel damage.

21 Q. State's Exhibit 80-G, which is now there, and the
22 previous one, 80-F, do each one of those slides as
23 depicted fairly, accurately, and correctly represent
24 what you observe as to the wounds to the hand of
25 Mr. McDonald?

1 A. Yes.

2 Q. Now, did you have an opportunity, Doctor, to,
3 before making any removal of any of the missiles or
4 bullets to do an x-ray of Mr. McDonald?

5 A. Yes, we did. Prior to any gunshot wound victim
6 or suspected gunshot victim, we will x-ray the body for
7 the localization of recoverable projectiles.

8 Q. May we see State's Exhibit 80-H, please. I think
9 the x-ray is the next photograph. Well, let's stick
10 with this one while we are there. That is 80-H. What
11 is now depicted?

12 A. Yes, this slide we were just looking at, which is
13 80-H.

14 Q. Now, can you then go to 80-I without any
15 difficulty.

16 A. In a moment. I've got to get one of these slides
17 unstuck. Okay. Okay. I've got the 80-H now.

18 Q. Okay. Now, for the record, Doctor, tell us what
19 is now depicted on 80-H?

20 A. This is a photograph of the two bullets that I
21 recovered from the body. The bullet on the, to your
22 left is the bullet that I recovered from the gunshot
23 wound of the mouth. This bullet was recovered in one of
24 the airways to the right lung. One can see the
25 impression of the two lower middle teeth on the face of

1 the bullet giving it this triangular appearance on the
2 front edge. This other bullet to the, to your right is
3 the bullet that I recovered from the gunshot wound to
4 the chest. That went through the left lung and the
5 heart.

6 Q. And so the record is clear, that is 80-H, and is
7 it a fair and accurate and correct photograph or slide
8 of the two bullets?

9 A. Yes, it is.

10 Q. The other item that is there, would you explain
11 that to us, the vial?

12 A. The object above the bullets is a plastic
13 container with the label that we use to identify
14 evidence in our office. We place bullets into these
15 containers that are labeled in this fashion.

16 Q. And now, Doctor, may we see 80-I.

17 And for the record, what is now depicted, please?

18 A. This is the x-ray of the body we took prior to
19 doing the examination. It shows two white bodies on the
20 x-ray. One to the, to the right side of the slide,
21 which is really on the left side of the body, which is
22 the bullet that I recovered underneath the skin on the
23 left side of the back. The other bullet on the right
24 side of the chest is the one that was actually within
25 one of the airways going to that right lung.

1 Q. And does that transparency fairly, accurately,
2 and correctly represent the x-ray of Mr. McDonald as
3 depicted there?

4 A. Yes.

5 Q. Did the one concerning 80-H, did that fairly and
6 accurately and correctly represent the two bullets?

7 A. Yes.

8 Q. As to Mr. McDonald, Mark McDonald's autopsy,
9 three wounds of entrance, one wound of exit, and two
10 bullets recovered?

11 A. That's correct.

12 Q. I would like to hand you, Doctor, what's been
13 marked previously State's Exhibit 67. Now, are you
14 familiar with those items?

15 A. Yes. This is the -- this is a package containing
16 the two containers in which I placed the bullets
17 recovered from the body of Mark McDonald.

18 Q. Are both bullets in there?

19 A. Yes, they are.

20 Q. And are those the bullets that you did in fact
21 remove from Mark McDonald?

22 A. Yes, they are.

23 Q. Did you, during the course of your examination,
24 cause, what I will call, a toxicology examination?

25 A. I ordered an examination, the toxicology screen

1 on the blood, yes.

2 Q. And toxicology screen is screening or testing for
3 what, please?

4 A. What we do is, the purpose is to test for alcohol
5 and drugs in the system of the deceased.

6 Q. And did any of those tests indicate any alcohol
7 or drugs at that time?

8 A. Yes.

9 Q. What was revealed?

10 A. The examination of the blood revealed a blood
11 alcohol level of approximately point 03, fairly small
12 amount. As most people know, point one would be the
13 level at which a person would be considered intoxicated
14 to driving a vehicle. So this is approximately a little
15 less than one-third of that.

16 Q. And your screening for drugs, was there any
17 positive results of any type?

18 A. No.

19 Q. Doctor, as a result of your autopsy of Mark
20 McDonald, and based upon your examination, and based
21 upon a reasonable degree of medical certainty, did you
22 arrive at an opinion as to his cause of death?

23 A. Yes.

24 Q. And what is that, please?

25 A. He died as a result of multiple gunshot wounds.

1 Q. And as to the cause of death of the multiple
2 gunshot wounds, did the hand wounds have any bearing?

3 A. Probably not. A very minor wound. The two more
4 serious wounds were the wounds of the chest, certainly,
5 and the wound to the mouth.

6 Q. Doctor, sometime after conducting your autopsy of
7 Mark McDonald, did you have an occasion to conduct an
8 autopsy on the body of Richard Blazer?

9 A. Yes, I did.

10 Q. And when did that occur? Are you able to tell us
11 the date?

12 A. That was on the 23rd of June. I started that
13 examination around 9 o'clock in the morning.

14 Q. And concerning your autopsy of Richard Blazer,
15 were you able to make a determination as to his height
16 and weight and age? What did you determine?

17 A. He was approximately 70 inches tall, 273 pounds,
18 and his appearance was appropriate for the age I was
19 given as 49 years.

20 Q. And when Mr. Blazer's body was presented -- well,
21 was it presented to the coroner's office?

22 A. Yes.

23 Q. And could you determine if there had been any
24 prior or medical treatment?

25 A. The body came to our office from a hospital.

1 Q. Okay. And then did you conduct an autopsy on the
2 body of Richard Blazer?

3 A. Yes, I did.

4 Q. And in conducting your autopsy of Mr. Blazer, did
5 you note any signs in addition, not related to recent
6 medical treatment, but did you note any injuries of a
7 gunshot variety or type?

8 A. Yes.

9 Q. Can you sort of tell us where the gunshot wounds
10 were on Mr. Blazer's body?

11 A. Yes. Mr. Blazer had three gunshot wounds. One
12 wound was, had the entrance wound to the right backside
13 of the head. There was another gunshot entrance wound
14 on the left, excuse me, on the right side, right side of
15 the chest some, just below the armpit. And then there
16 was another gunshot entrance wound that was just beneath
17 or just below the right collarbone near the midline.

18 Q. Now, in relationship to Mr. Blazer, are you able
19 to tell us based upon your examination as to, one, the
20 position of Mr. Blazer at the time he received either of
21 those injuries?

22 A. No, not really.

23 Q. Are you able to tell us in what order he received
24 those injuries or gunshot wounds?

25 A. No.

1 Q. Have you brought with you at my request some
2 slide transparencies concerning your examination that
3 were taken during your autopsy of Mr. Blazer?

4 A. Yes.

5 Q. If you would be kind enough to show us those and
6 we'll go through those, please, for the record. We
7 would ask the witness to be kind enough now to show us
8 what has been previously marked 81-A.

9 Now, Doctor, that's 81-A. Will you tell us what
10 is depicted on the screen, please?

11 A. This is a photograph of the left side of the body
12 of Richard Blazer after we have removed some of the
13 medical therapy and cleaned the body.

14 The placard in the bottom portion of the picture
15 has the numbers 1192 and 92, meaning this was the 11
16 hundredth and 92d case reported to our office in 1992.
17 Again, the initials of the photographer are on the
18 placard, L.M., which were Laura McBride, also took these
19 photographs.

20 Q. Does that transparency 80, does it fairly and
21 accurately, correctly represent the body of Richard
22 Blazer almost after you received it anyway but prior to
23 your autopsy?

24 A. That's right.

25 Q. Just before we go further, Doctor, the item that

1 is hanging or that is in Mr. Blazer's mouth, what is
2 that so we are not confused?

3 A. There's a small tube coming out of the left side
4 of the mouth. This was an endotracheal tube used in the
5 attempts of resuscitation of Mr. Blazer.

6 Q. I believe you indicated that you observed an
7 entrance wound to Mr. Blazer's area behind his ear, I
8 think?

9 A. Yes.

10 Q. And may we see State's Exhibit 81-B, please.

11 Doctor, what is now depicted on the screen?

12 A. This is a photograph of the right side of the
13 head of Richard Blazer. One can, orientation, see the
14 ear on the lower portion of the picture. Above that
15 ear, a little bit posterior to that ear one can see a
16 red spot, which is a gunshot entrance wound. Again,
17 I've shaven the hair from around that wound in order to
18 be able to see it better. The very similar
19 characteristics to the wound, wounds on Mr. McDonald, in
20 that it's a very typical gunshot entrance wound. It's
21 circular and has a margin of abrasion around it. Very,
22 very typical of a gunshot entrance wound. This bullet
23 went through the skull and through both sides of the
24 brain. The direction of travel went from right to left
25 and back to front.

1 Q. Did you recover the bullet that made that
2 entrance wound?

3 A. Yes.

4 Q. Now, Doctor, did you note, I think you indicated
5 you did, an entrance wound in an area in the back or
6 behind the right arm of Mr. Blazer?

7 A. Yes.

8 Q. May we see State's Exhibit 81-C.

9 Tell us what is now depicted, please.

10 A. This is a photograph of the right side of the
11 body. We have raised the arm up in order to see this
12 gunshot wound a little bit easier. There's a typical
13 round gunshot entrance wound on the right side of the
14 upper chest. This bullet went straight from right to
15 left through the rib cage and through the right lung and
16 then into the spine in the chest where, where I
17 recovered it.

18 Q. And I think you indicated, but let me ask with
19 reference to this wound and the wound to the entrance
20 wound to the head back by the ear. As to those two
21 wounds, did you note any, any stippling in terms that
22 has been used earlier?

23 A. I saw no stippling.

24 Q. And I believe you indicated that there was
25 another entrance wound in an area above in the front

1 area of Mr. Blazer?

2 A. Yes.

3 Q. May we see State's Exhibit 81-E, please. Excuse
4 me. 81-D.

5 Now, Doctor, can you tell us what is depicted?
6 Can you orient us as to what we would be looking at?

7 A. This is a photograph of the right collarbone area
8 and neck region. At the top of the screen one can see
9 the lower portion of the right ear. And then along the
10 upper right hand side of the picture one can see the
11 angle of the face. And in the mid portion of the
12 picture is a gunshot entrance wound which is in the
13 region of the right collarbone, pretty near the midline.
14 Again, I've shaven hair around the wound in order to see
15 it better.

16 Now this wound doesn't look quite as typical as
17 the other wounds do and part of that is because it
18 strikes the body in an area where it's not a flat
19 contour. There is a bone in this vicinity. So the, the
20 bullet is not going straight into the body. It's going
21 at somewhat of an angle. It's going from right to left
22 and from front to back. But this bullet goes, as it
23 enters just underneath this right collarbone, it goes to
24 the left across the midline and then ends up between the
25 rib cage and the left shoulder blade. As well as I

1 could determine, I could not detect any significant
2 nerve injuries or blood vessel injuries, although there
3 was a significant amount of bleeding along the course of
4 the bullet.

5 Q. Does this exhibit, which would be 81-D and the
6 previous two, 81-C and 81-B, did they each fairly,
7 accurately, and correctly represent what was depicted on
8 the screen?

9 A. Yes.

10 Q. And I believe you indicated as to this injury
11 that's depicted on 81-D that you did in fact make a
12 recovery of a bullet?

13 A. Yes, I did.

14 Q. And could we see -- well, strike that.

15 Did you also or previous to the autopsy take an
16 x-ray photograph of certain areas of Mr. Blazer?

17 A. Before the autopsy we x-rayed the body, yes.

18 Q. May we see, for the record, Doctor, what's been
19 marked as 81-E.

20 Can you assist us and explain to us what is
21 depicted?

22 A. This is a photograph -- I'm sorry. This is,
23 actually it's a photograph of an x-ray. This is the
24 x-ray of the head and neck and upper shoulder regions of
25 the body of Richard Blazer. One can see in the head

1 portion of the x-ray to the right side of the screen a
2 white object which is the bullet that I recovered from
3 the head. One can also see on the left side of the body
4 down below the neck region another white object which is
5 the bullet that I recovered in the region of the left
6 shoulder blade. We don't see -- this x-ray is not low
7 enough to see, to see the bullet in the spine from the
8 gunshot wound on the right side of the chest.

9 Q. Is that transparency, 81-E, a fair, accurate, and
10 correct reproduction of the x-ray taken during the
11 autopsy?

12 A. Yes.

13 Q. That's all I have now, Doctor, as to these
14 subject matters. If you would like to resume your
15 chair, please.

16 During your autopsy, as a result of, of your
17 autopsy examination of Mr. Blazer, or as part thereof,
18 did you have a toxicology report prepared or
19 examination?

20 A. Yes.

21 Q. And again testing for any type of drugs or
22 alcohol?

23 A. That's correct.

24 Q. And as to Mr. Blazer what were the results,
25 please?

1 A. There was a barely detectable level of ethanol or
2 alcohol in the blood. Very, very small amount. And no
3 other drugs detected on the screening in the urine.

4 Q. Concerning the injuries received by Mr. Blazer,
5 is it, am I correct, or is it correct that each injury
6 came from right and went from right to left?

7 A. Yes, that's correct.

8 Q. And did you recover three bullets for each of the
9 three entrance wounds?

10 A. I recovered a bullet from each of the entrance
11 wounds, yes.

12 Q. Okay. Thank you.

13 I would like to hand you what has been marked as
14 State's Exhibit 68, and I would like for you to tell us,
15 if you can identify those for us, please?

16 A. This is a package containing the three containers
17 in which I placed the bullets I removed from the body of
18 Richard Blazer. These bullets that I've just examined
19 are the bullets that I recovered from the body.

20 Q. When you recovered the bullets either from
21 Mr. McDonald or Mr. Blazer -- let me break that down.
22 I'm sorry.

23 Concerning exhibit 67, the two bullets that you
24 recovered from Mr. Blazer, excuse me, Mr. McDonald, when
25 you removed those and mark them, are you then able to

1 determine from what specific type of weapon? I'm not
2 talking caliber. I'm talking specific type of weapon
3 those bullets were fired from.

4 A. I can't, no.

5 Q. And I believe you indicated that you removed
6 three bullets from Mr. Blazer on June 23rd, is that
7 correct?

8 A. That's right.

9 Q. And same question as to whenever it was but on
10 the 23rd of June, did you know from what specific weapon
11 if the same weapon or more than one weapon fired those
12 shots, bullets?

13 A. I couldn't tell. I can't make that
14 determination.

15 Q. All right. As a result of your autopsy
16 examination of Mr. Blazer, were you able to come to a
17 conclusion based upon a reasonable degree of medical
18 certainty as to his cause of death?

19 A. Yes.

20 Q. And what is that, please?

21 A. He died as a result of multiple gunshot wounds.

22 Q. And of those we talked about, three different
23 wounds, the one to the collarbone, was it attributing or
24 major contributing factor? If you understand the
25 question.

1 A. It certainly -- if when you look at the three
2 wounds as to severity, it was the less severe wound.
3 The other wounds certainly were much more severe and
4 each of those in and of themselves could be expected to
5 cause death. The wound to the collarbone, it depends on
6 how much, it depends on other things. The person could
7 still bleed to death but it wasn't as severe as the
8 other two, no.

9 MR. SLAVENS: Thank you, Doctor. I think
10 the other attorney has some questions.

11 THE COURT: Cross-examination.

12 MR. MONTA: Thank you.

13
14 CROSS-EXAMINATION

15 BY MR. MONTA:

16 Q. Dr. Smith, you did your autopsy of Mark McDonald
17 on the 22d of June, is that correct?

18 A. Yes.

19 Q. And in connection with that, you made a report of
20 findings, conclusions whatever test you performed,
21 analysis, things like that, is that correct?

22 A. Yes.

23 Q. Which would be an accurate reflection of what you
24 did at that time?

25 A. Yes.

1 Q. When you first -- we'll talk about the first
2 autopsy of Mr. McDonald. And you saw a slide, 80-A.
3 That's when he first came in. Was there any detection
4 about the man's face of mud or dirt?

5 A. I don't recall. Let me look in my report just
6 for a moment. I don't see any specific notation of
7 that, although frequently I don't.

8 Q. And if you had noted that, you would have
9 reflected that in your report, would you not?

10 A. If I had noted it, it would be in the report but
11 if I -- not necessarily if I just seen some mud.
12 Frequently if the body is moved from the scene to the
13 office -- I can't, it's difficult for me to know how the
14 body was handled from the scene between the time it was
15 removed from the scene until it got to our office.
16 Frequently dirt and mud can be in different locations
17 than they were seen where the body was at the scene.

18 Q. At any rate, there is no notation of any mud or
19 dirt being embeded into this man's face?

20 A. That's right.

21 Q. I noted in your report that used and sometimes
22 you used the term soot, scorching, tattooing, all right.
23 Now soot is referenced to gun powder residue, does it
24 not?

25 MR. SLAVENS: I object to the form of the

1 question. I don't necessarily object to the area. I
2 don't think he's accurate.

3 THE COURT: Well, at least at this
4 point I'm going to overrule it. Go ahead.

5 A. Soot reflects material, basically smoke from the
6 discharge of the firearm.

7 BY MR. MONTA:

8 Q. All right. And scorching?

9 A. Scorching refers to the heat effect caused by the
10 ejection of super heated gases from the end of the gun.

11 Q. And tattooing?

12 A. Tattooing referring to the impact of burning and
13 unburned powder particles on the skin in the vicinity of
14 the body.

15 Q. And the other term you used was stippling?

16 A. Stippling and tattooing are the same thing.

17 Q. Leaving of gun powder residue?

18 A. Well, they're all residues of gun powder.

19 Q. Now, I noted, and I would ask you in the three
20 wounds that you've described in Mark McDonald, is it not
21 true that you found no soot, scorching or tattooing?

22 A. In Mark McDonald I found tattooing on the face.
23 In the report the wound to the face I represent is
24 penetrating close range gunshot wound. And in the
25 description of that wound I describe, widely scattered

1 stipples are relatively symmetrically placed around the
2 wound with an approximate diameter of 3 inches.

3 Q. You did not find any soot or scorching?

4 A. That's what I say, yes.

5 Q. And you did not use the word tattooing at all, is
6 that correct?

7 A. That's right.

8 Q. And the tattooing would have reference as to gun
9 powder residue, is that correct?

10 A. Stippling and tattooing are the same term or
11 different terms for the same thing, but yes.

12 Q. Now, sometimes those have to do with the distance
13 of the entrance wound from the muzzle of the weapon, is
14 that correct?

15 A. That's right.

16 Q. And you indicated today, I believe, on direct
17 examination that you would defer that judgment to a
18 firearms examiner as to the distance?

19 A. As to the exact distance, yes.

20 Q. You also indicated that you were unable to tell
21 the order of the wounds, is that correct?

22 A. That's right.

23 Q. There's one wound in the hand that has an
24 entrance and then an exit, correct?

25 A. Yes.

1 Q. Is there any possibility that that bullet has
2 anything to do with any of the other wounds, do you
3 know? Do you have an opinion?

4 A. My opinion is that, no, it's a separate gunshot.

5 Q. Were you able to make any determination after
6 examination as to the angle of entrance into the body of
7 each of those wounds?

8 A. Yes. And they're noted in the report. The only
9 one that I don't make a notation for would be the wound
10 to the hand. Since the hand can be put in so many
11 different positions, it would not be a useful
12 measurement.

13 Q. The wound to the man's face, did you indicate
14 that that came on a downward angle?

15 A. I listed as front to back and slightly downward,
16 yes.

17 Q. That's when it entered regardless of what
18 happened after?

19 A. That's upon evaluation of the entire wound tract
20 itself, yes.

21 Q. And the wound to the man's chest you indicated
22 was approximately straight or parallel with what would
23 be the ground, I guess?

24 A. If the person were standing in such as a fashion
25 as you are now, yes, the wound is going straight front

1 to back.

2 Q. All right. All right. Let me ask you a couple
3 of questions with regard to your second autopsy, which
4 was with regard to Mr. Blazer.

5 Is it not true that in those three wounds there
6 was no soot, scorching, tattooing, or stippling?

7 A. I didn't see any.

8 Q. On any of the wounds?

9 A. That's correct.

10 Q. Were you able, as result of your examination --
11 and I guess we should take them in the order in which
12 you showed them. You indicated the wound to the man's
13 head was from the back toward the front and right to
14 left, is that correct?

15 A. I list them as right to left and front to back,
16 yes, or, I'm sorry, right to left and back to front.

17 Q. Okay. If I didn't say that, that's what I meant
18 to ask you.

19 Were you able to determine angle, say higher to
20 lower, lower to higher, or anything like that?

21 A. I couldn't detect any deviation upward, downward.

22 Q. Again, if a person were standing straight up, it
23 would be, would you consider, parallel with the ground?

24 A. That's right.

25 Q. Now, the second wound you showed us was the one

1 under the arm, under the right arm?

2 A. That's right.

3 Q. Is that correct?

4 And in the photograph I believe you had to move
5 the person's arm to show the wound?

6 A. In the way we took the picture, yes.

7 Q. All right. Was there any wounds to his arm?

8 A. No, there weren't.

9 Q. And you indicated that was a right to left path.
10 Do you have any opinion as to the angle upward or
11 downward?

12 A. I didn't detect a significant upward or downward
13 angulation.

14 Q. Again, if the person were standing straight up,
15 it would be like a parallel to the ground?

16 A. Yes.

17 Q. All right. With regard to the third wound, which
18 was in the collarbone or near the collarbone?

19 A. It's in the region of the right collarbone, yes.

20 Q. You're pointing to just about where your collar
21 of your shirt is?

22 A. That's right.

23 Q. Just off to the right of your tie.

24 Again, that was a right to left. Now when you
25 talk about right to left, you're talking about his body~

1 A. Yes, in relationship to his body from the body's
2 right to left.

3 Q. And front to back?

4 A. That's correct.

5 Q. Were you able to form an opinion as to whether
6 the angle of this bullet was upward, downward, downward
7 to upward?

8 A. I wasn't able to detect significant upward or
9 downward angle.

10 Q. Does that mean you -- I suppose an inference
11 would be it was straight or parallel. Again, is that
12 the opinion you have or you can form no opinion at all?

13 A. In a person such as you standing upright, the
14 bullet has no upward or downward deviation as far as I
15 can determine.

16 Q. All right. So that would be like a parallel path
17 if the person --

18 A. Just like the other two wounds, yes.

19 Q. -- were standing? All right.

20 With regard to the wounds in this second
21 homicide, the absence of scorching, sooting, tattooing,
22 stippling would indicate a wound which was more than
23 three feet away or of a gunshot more than three feet?

24 A. That's difficult to answer since the body came to
25 me unclothed, and I have no knowledge of what he was

1 wearing at that time he was shot.

2 Q. Again, referring to the appropriate expert?

3 A. Right.

4 Q. Firearms examiner?

5 A. Or whoever has knowledge of what he was wearing
6 or whoever examined the clothing, yes.

7 Q. Okay.

8 MR. MONTA: I have no more questions.

9 Thank you, Doctor.

10 THE COURT: Redirect, Mr. Slavens.

11

12 REDIRECT EXAMINATION

13 BY MR. SLAVENS:

14 Q. Just so I understand as to Mr. Blazer's wounds,
15 you indicated that they all came from right to left?

16 A. Yes.

17 Q. Is that correct?

18 A. Yes.

19 Q. But you cannot, am I correct or incorrect, you
20 cannot tell us the position of Mr. Blazer's body as the
21 exact time he received any one of those three wounds?

22 A. That's correct.

23 Q. And can you tell us anything in reference, not
24 anything -- strike that.

25 Are you able to make any determination as to the

1 order of his receiving those three wounds?

2 A. No.

3 Q. Or the quickness that he received those three
4 wounds?

5 A. No.

6 Q. Or the location, the exact location of the
7 shooter of those three wounds?

8 A. That's correct.

9 Q. And in regards to Mr. McDonald, you indicated, I
10 think, on cross-examination that there was some
11 stippling discernible as to the injury of the mouth of
12 Mr. McDonald?

13 A. Yes.

14 Q. You indicated you also saw that Mr. McDonald had
15 on, how he was dressed upon when he was received to the
16 coroner's office, a jacket and T-shirt, do you recall
17 that?

18 A. Yes.

19 Q. Would those items of clothing have any affect
20 upon his skin receiving stippling?

21 A. Skin of the face are you talking about?

22 Q. No. Skin to the chest wound.

23 A. Certainly, they can have an affect.

24 MR. SLAVENS: Thank you. That's all I
25 have, Doctor.

1 THE COURT: Any recross?

2 MR. MONTA: No, Judge. Thank you.

3 THE COURT: You may step down.

4 Thank you very much.

5 * * * *

6 THE COURT: Could I see counsel a
7 minute.

8 (WHEREUPON, a side-bar conference was held
9 off the record.)

10 THE COURT: Ladies and gentlemen of the
11 jury, we will go ahead and, you will go ahead and
12 recess for the evening. What we are going to be doing
13 at this point, the Court will be dealing with several
14 legal issues and the exhibits, things of that nature
15 that are not in your presence for which is not
16 required. And, obviously, if we do it this evening
17 while you're doing other things, then that eliminates
18 the time tomorrow while you're sitting around doing
19 whatever jurors do in the jury room. In any event,
20 we'll stay here and try to complete some legal
21 business and you will be then recessed for the
22 evening.

23 We will start tomorrow
24 morning at 9:30. Assume, as we speak, that you will
25 probably, now this is no guarantee, you will probably

1 begin deliberations sometime tomorrow. The reason
2 that I'm mentioning that to you now and in advance, is
3 that obviously you get into a routine of getting out
4 of here let's say 4 to 4:30 and it's possible if you
5 begin deliberation sometime whenever it is you do
6 begin them, it will be beyond that time. All I'm
7 doing is alerting you to the situation, baby-sitters,
8 where you park, little details at the end of the day
9 that a lot of people forget about in the routine of
10 their day. Remember, you may be here, for example,
11 tomorrow as late as you want to, assuming you are
12 deliberating. You may not be. I'm just saying that
13 it's possible, all right. And I just wanted you to
14 alert whoever is needed for transportation, that type
15 of thing. And, of course, Shirley is here to assist
16 you in her own amicable fashion. So with that then,
17 and again, all good plans, as we know the expression,
18 so but be alert for that tomorrow.

19 Remember the usual
20 instructions of the Court not to discuss the case
21 among yourselves or with anybody else. Don't form any
22 opinions. Again, keep away from any news media
23 coverage. Just because you don't see the camera in
24 the courtroom today doesn't mean they won't be showing
25 things what happened the last three days ago. I don't

1 want to say anything derogatory about the news media,
2 but that's the easy way to do things. Of course,
3 there has been a newspaper reporter here in and out
4 throughout the course of the trial, which again, is a
5 classic reason why you are not supposed to read the
6 news media or listen to it.

7 In any event have a nice
8 evening. 9:30. See you back then.

9 (WHEREUPON, the jury left the courtroom at
10 the hour of 4:09 p.m.)

11
12 IN OPEN COURT - OUT OF THE PRESENCE OF THE JURY

13 THE COURT: All right. For the record,
14 the State is going --

15 MR. SLAVENS: The State will be resting,
16 your Honor. Prior to that, we would move for the
17 introduction of evidence of all the exhibits that have
18 been marked and about which have, have been testimony
19 during the course of this trial. Subject to the
20 Court's ruling on that motion, we will represent to
21 the Court we would more than likely rest depending on
22 if there is any need to recall other witnesses or
23 whatever maybe depending the Court's rulings. We
24 think there is sufficient basis for the introduction
25 of evidence of the exhibits.

1 THE COURT: All right. For the record,
2 the Court's independent unrelated notes indicates in
3 sequence, 1 through 81 exhibits.

4 MR. SLAVENS: I might state for the
5 record, here is a copy of the Court Reporter's related
6 notation, which I'm willing to accept, at least use as
7 sort of a map to go through these exhibits with.

8 THE COURT: But 1 through 81, we can
9 agree on that?

10 MR. SLAVENS: That is correct.

11 THE COURT: And some exhibits have,
12 obviously have some sub-parts.

13 Can we do this the easy way
14 or hard way? I'm simply asking counsel, do you want
15 to go through 1 through 81?

16 MR. ARNTZ: We are going to try to do
17 it the easy way.

18 THE COURT: Which always turns out to
19 be the hard way.

20 MR. ARNTZ: Can we go off the record a
21 minute?

22 THE COURT: If it's necessary.

23 MR. ARNTZ: I don't want all my
24 extraneous remarks.

25 THE COURT: Go ahead, you're off the

1 record.

2 (WHEREUPON, a discussion was held off the
3 record.)

4 MR. ARNTZ: Our response is, we object
5 to the following State exhibits. We object to the
6 admission of number 38, the Bryco firearm.

7 We object to number 42
8 which, among other things, is a stocking and a green
9 shirt.

10 We object to number 43 which
11 is the Raven firearm.

12 We object to number 48
13 which is the box of miscellaneous items. I think the
14 testimony was that these were recovered from a sewer.

15 We object to slide 80-A
16 which we argued to the Court earlier with regard to
17 whether it was excessive during the coroner's
18 testimony.

19 THE COURT: All right. What about the
20 two videotapes. What are they marked as?

21 MR. ARNTZ: Those are marked as State's
22 Exhibit 79 and Joint Exhibit Roman Numeral I.

23 THE COURT: All right. Is there any
24 objection to either one of those?

25 MR. ARNTZ: We will object to each one